

MOBILE DISTRICT
STANDING OPERATING PROCEDURES
(SOP)

PROCESSING REIMBURSEMENTS FOR PARTICIPATION IN THE
HEALTH CLUB WELLNESS PROGRAM

1. PURPOSE. This SOP designates responsibilities and prescribes policies and procedures for processing reimbursements under the Health Club Wellness/Fit To Win Program.

2. SCOPE. The provisions of this SOP apply to Mobile District team members involved in filing and processing reimbursements under the Health Club Wellness Program.

3. REFERENCES AND AUTHORITIES.

a. Principles of Federal Appropriations Law Manual, Volume I, chapter 4, paragraph 13.b.

b. Labor-Management Relations Agreement between Mobile District, Corps of Engineers and National Federation of Federal Employees Locals 131 and 561.

4. RESPONSIBILITIES AND PROCEDURES.

a. Health Club Wellness Program (HCWP) participants may be reimbursed in the amount of \$1.00 per visit to a health club, up to a total amount of twelve dollars per month. Reimbursements will be made, subject to the availability of funds, for participation in exercise programs at a health club, or for utilization of the health club facilities for the purpose of exercise. This reimbursement will be made only for participation at health clubs where the employee is a member and is required to pay membership dues. A health club is defined as a permanent organization, with membership opened to the general public.

Health club facilities must be devoted primarily to providing general means of exercise for its members, it includes exercise equipment, shower and changing rooms, and instructors for organized exercise classes.

Reimbursement is not authorized for participation in sports or other activities offered by clubs or other organizations which do not provide for the above general services in addition to any specialized classes or sports. Generally, reimbursements will be filed in September and March (i.e., twice a year) based on health club visits during the preceding six months.

b. Participants will complete and sign a Health Club Wellness Program Reimbursement Voucher (CESAMFL 895 - same form presently in use). By signing the form, the participant is certifying that: (1) the information provided is accurate; (2) they understand a false claim is an illegal act; and (3) they understand that by presenting a false claim they can be subject to administrative action and/or criminal prosecution. Participants will then have an authorized health club official sign the CESAMFL 895 indicating that the employee was a member in good standing during the period specified.

c. After the CESAMFL 895 is signed by the health club official, participants should enter their claim in CEFMS. This is accomplished as follows:

(1). From the Main Menu, 1.2 , Select item 3 (Financial Management Functions), then select item 7 (Travel), item 21 (Create Local Travel Vouchers) from CEFMS Screen # 1.61. As the claim is completed, close attention should be paid to the red CEFMS instruction line at the bottom of the computer screen.

(2). Press “F9” to select today’s date. Now Press Enter.

(3). Press “F4” to select Payee and “F2” to query on the Employee’s last name. Now press “F3” to execute, then arrow down to your name and press Enter to select.

(4). The method of payment will be by “Treasury Check.”

(5). The ordering and funding work items will generally be participants area office, departmental, or G&A overhead account as applicable. (If you're unsure about the correct work items to use, contact your organization's budget analysts for help.) Enter your specific "Ordering Work Item" and press Enter. Now Press "F4" and the screen will automatically populate. Please ensure that the screen displays the proper funding code before pressing Enter here.

(6). Now press "F4" for a list of funding codes. Then press "F2" to query. Now press Enter until you reach the data field entitled, "Work Category Element". Now complete this data field for Revolving Fund accounts by entering "MIOEX," pressing "F3" to execute, and then Enter to select. Please verify that the "Work Category Code" indicates "ALLOEX". For project personnel, select the work category and work category element normally used for labor charges of a general nature.

(7). You have just completed the header screen. Now press the "Page Down" key and enter the Expenditure item.

(8). For date of expenditure, enter the last day for which you are filing i.e., 25-Oct-1996, then press Enter.

(9). The expense code will be "C" (Other Expenses). Press Enter.

(10). For TIPS/MISC AMT., enter the amount to be reimbursed in accordance with the above guidelines as per Par. 4 a. above i.e., 72.00.

Note: \$72.00 is the maximum per cycle at present.

(11). Enter a "Y" under REMARKS, and then provide a statement indicating the claim is filed under the Health Club Wellness Program . The statement should also explain the dollar amount claimed (e.g., This claim is filed under the Health Club Wellness Program. It's for 12 visits per month at \$1.00 per visit for the months of March through August 1996 - $12 \times 6 = 72$). Now press "Shift F3" and then END to save your data. Press END to now commit the data.

(12). After the participant commits the claim in CEFMS, a voucher number will be automatically assigned. The voucher number will be located

in the upper left-hand corner of the Claim Header screen # 6.22. This voucher number should be handwritten on the bottom of the CESAMFL 895 as a cross reference to the CEFMS voucher. Now press “F10” with singular strokes until you return to the blue screen #1.61. Participants should keep a copy of the completed CESAMFL 895 for their personal files and must forward the “original” to their branch or division/office chief for approval.

d. Upon receipt of a HCWP reimbursement claim the branch or division/office chief (**approving official**) will do the following:

- (1). Review the CESAMFL 895 for completeness.
- (2). Check the amount claimed on the CESAMFL 895 to ensure compliance with the above guidelines.
- (3) Sign into CEFMS to approve the claim. From the Main Menu, 1.2, Select item 3 (Financial Management Functions), then select item 7 (Travel), then select item 22 (Local Travel Voucher Approval) from CEFMS Screen # 1.61. As the claim is completed, close attention should be paid to the red CEFMS instruction line at the bottom of the computer screen.
- (4) Press F4 for a list of local vouchers to be approved.
- (5) Press “F2” and then enter the assigned CEFMS voucher number as indicated on the CESAMFL 895, then “F3” to Execute. Press “ENTER” to Select, “END” to Review, and “CTRL F1” to ensure the amount to be disbursed is correct. Now press “F10” with singular strokes until you return to screen #6.23. Then press “END” to commit as per the red instruction line until the “OK” message is displayed. Acknowledge the “OK” messages by pressing “ENTER” using singular strokes until the following is displayed; “Transaction Complete--2 records posted, All records committed”. **Now do a Print Screen from your computer on the approved voucher, (screen #6.23). Attach the print screen sheet to the CESAMFL 895.**
- (6) You may now press “F10” to exit.
- (7) It’s essential that approving officials review the claim in CEFMS before approval. The amount claimed in CEFMS must agree with the

manual CESAMFL 895. Approving officials should also pay close attention to the work items cited. The approving official certifies in CEFMS that the claim is correct and proper for payment. **Prepare a USACE Finance Center Transmittal Form (UFC-AO-2). Remember to keep a copy of the transmittal and related payment requests. Mail the original package (i.e., Transmittal Form, CEFMS Print Screen, and CESAMFL 895) to the UFC for payment. The UFC address is as follows:**

**U.S. Army Corps of Engineers Finance Center
7800 Third Ave
Mail Stop 321
Millington, TN 38054-5005**

e. Upon receipt of a HCWP reimbursement claim, a voucher certification official at the UFC will review the package for completeness and will process the reimbursement. Incomplete packages will be returned to the approving official (i.e., the applicable branch or division/office chief) for correction. HCWP reimbursement checks will be delivered/distributed in the same manner as travel reimbursement checks.

5. Questions or comments regarding this SOP can be directed to Leo Hickman (CT-P) at (334) 441-5665 or Jim Farnell (RM-F) at (334) 441-5621.

_____/s/
J. A. FARNELL
Finance & Accounting Officer